

# GENERAL FACT SHEET

Fill-in form, tab to next field

BILL NUMBER 11R-261

## BRIEF TITLE

2008 Metropolitan Medical Response System

## APPROVED DEADLINE

## REASON

## DETAILS

## POSITIONS/RECOMMENDATIONS

Extension of time to the FY 2008 Metropolitan Medical Response System (MMRS) grant.	Sponsor	
	Program Departments, or Groups Affected	
	Applicants/Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
Discussion (Including Relationship to other Council Actions)	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

## DETAILS

### POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES	
	OPERATIONAL IMPACT ASSESSMENT		
FINANCES			
COST AND REVENUE PROJECTIONS	COST of total project:	\$	
	COST of this Ordinance/ Resolution	\$	
	RELATED annual operating Costs	\$	
	INCREASE REVENUE EXPECTED/YEAR	\$	
SOURCE OF FUNDS	CITY [Approximately]		
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
	NON CITY [Approximately]		
		\$	%
		\$	%
		\$	%
	\$	%	
	\$	%	
BENEFIT COST			
<input type="checkbox"/> Front Foot		Average Assessment	
<input type="checkbox"/> Square Foot \$		\$	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Stephen Frederick

REVIEW BY:

REFERENCE NUMBER